



**2016 Rate Renewal Exclusively for
Brandywine Public Schools
Renewal Effective 07/01/2016**

Quote #: 333187
MESSA Field Rep: Renee Szurna
Date Created: 03/22/2016

Good health. Good business. Great schools.
1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

PAK A - 177A Teacher, Counselor		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA Choices	\$602.09	Single: 18	\$668.09
IN Deductible:	\$500/\$1000	\$1,352.84	2-Person: 10	\$1,501.33
IN Coinsurance:	N/A	\$1,683.14	Family: 25	\$1,867.93
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		\$33.14	Single: 18	\$34.64
Class I:	100%	\$65.30	2-Person: 10	\$68.56
Class II:	90%	\$116.12	Family: 25	\$122.97
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Vision:	VSP 3	\$6.88	Single: 18	\$6.88
		\$14.80	2-Person: 10	\$14.80
		\$22.26	Family: 25	\$22.26
Life Insurance:	\$10,000		53	\$0.16
Rate/\$1000				\$530,000.00
Volume				\$1.60
Composite:		\$1.60		
AD&D Coverage:	\$10,000		53	\$0.03
Rate/\$1000				\$530,000.00
Volume				\$0.30
Composite:		\$0.30		
LTD Benefit	60% Max \$3,000		53	\$0.31
Max Monthly Salary:	\$5,000			\$237,279.00
Waiting Period:	90 CDMF			\$13.88
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.31
Covered Salary				\$237,279.00
Composite:		\$14.16		\$13.88
Total Monthly Rate per Member - Single		\$658.17		\$725.39
Total Monthly Rate per Member - 2-Person		\$1,449.00		\$1,600.47
Total Monthly Rate per Member - Family		\$1,837.58		\$2,028.94

PAK A COBRA RATES:

Medical	Single	2-Person	Family
	\$666.59	\$1,499.83	\$1,866.43

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. **These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.**



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PAK B - 177A Teacher, Counselor		2015-16 Rates	Enrollment	2016-17 Rates
Dental:		\$35.29	Single: 0	\$35.62
Class I:	100%	\$70.73	2-Person: 1	\$71.25
Class II:	90%	\$130.45	Family: 10	\$134.12
Class III:	90%			
Annual Max:	\$1,500			
Class IV:	90%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
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Vision:	VSP 3 Plus	\$10.02	Single: 0	\$10.02
		\$21.54	2-Person: 1	\$21.54
		\$32.43	Family: 10	\$32.43
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Life Insurance:	\$50,000		11	
Rate/\$1000				\$0.16
Volume				\$550,000.00
Composite:		\$8.00		\$8.00
AD&D Coverage:	\$50,000		11	
Rate/\$1000				\$0.03
Volume				\$550,000.00
Composite:		\$1.50		\$1.50
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LTD Benefit	66 2/3% Max \$3,000		11	
Max Monthly Salary:	\$4,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.48
Covered Salary				\$49,247.00
Composite:		\$22.13		\$21.49
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Total Monthly Rate per Member - Single		\$76.94		\$76.63
Total Monthly Rate per Member - 2-Person		\$123.90		\$123.78
Total Monthly Rate per Member - Family		\$194.51		\$197.54

PAK B COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.

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PAK C - 177A Teacher, Counselor		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$544.75	Single: 3	\$601.43
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,223.83	2-Person: 1	\$1,351.37
IN Coinsurance:	N/A	\$1,522.60	Family: 8	\$1,681.32
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:		\$33.14	Single: 3	\$34.84
Class I:	100%	\$65.30	2-Person: 1	\$68.56
Class II:	90%	\$116.12	Family: 8	\$122.97
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Vision:	VSP 3	\$6.88	Single: 3	\$6.88
		\$14.80	2-Person: 1	\$14.80
		\$22.26	Family: 8	\$22.26
Life Insurance:	\$10,000		12	\$0.16
Rate/\$1000				\$120,000.00
Volume				\$1.60
Composite:		\$1.60		\$0.03
AD&D Coverage:	\$10,000		12	\$0.03
Rate/\$1000				\$120,000.00
Volume				\$0.30
Composite:		\$0.30		\$0.31
LTD Benefit	60% Max \$3,000		12	\$53,724.00
Max Monthly Salary:	\$5,000			\$13.88
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.31
Covered Salary				\$53,724.00
Composite:		\$14.16		\$13.88
Total Monthly Rate per Member - Single		\$600.83		\$658.73
Total Monthly Rate per Member - 2-Person		\$1,319.99		\$1,450.51
Total Monthly Rate per Member - Family		\$1,677.04		\$1,842.33

PAK C COBRA RATES:

Medical	Single	2-Person	Family
	\$599.93	\$1,349.87	\$1,679.82

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. **These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.**



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PAK A - 177D Administration		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA Choices	\$602.09	Single: 1	\$668.09
IN Deductible:	\$500/\$1000	\$1,352.84	2-Person: 3	\$1,501.33
IN Coinsurance:	N/A	\$1,683.14	Family: 4	\$1,867.93
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		\$38.27	Single: 1	\$38.86
Class I:	100%	\$77.60	2-Person: 3	\$78.57
Class II:	90%	\$141.75	Family: 4	\$147.40
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	UCR			
Riders:	2 Cleanings			
Vision:	VSP 3	\$6.88	Single: 1	\$6.88
		\$14.80	2-Person: 3	\$14.80
		\$22.26	Family: 4	\$22.26
Life Insurance:	\$50,000		8	\$0.16
Rate/\$1000				\$400,000.00
Volume				\$8.00
Composite:		\$8.00		
AD&D Coverage:	\$50,000		8	\$0.03
Rate/\$1000				\$400,000.00
Volume				\$1.50
Composite:		\$1.50		
LTD Benefit	66 2/3% Max \$5,000		8	
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.44
Covered Salary				\$50,540.00
Composite:		\$28.98		\$27.80
Total Monthly Rate per Member - Single		\$685.72		\$751.13
Total Monthly Rate per Member - 2-Person		\$1,483.72		\$1,632.00
Total Monthly Rate per Member - Family		\$1,885.63		\$2,074.89

PAK A COBRA RATES:

Medical	Single	2-Person	Family
	\$666.59	\$1,499.83	\$1,866.43

The COBRA rates for Dental and Vision are the same as the rates above.

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PAK B - 177D Administration

		2015-16 Rates	Enrollment	2016-17 Rates
Dental:		\$35.73	Single: 0	\$34.24
Class I:	100%	\$70.73	2-Person: 0	\$68.09
Class II:	90%	\$132.34	Family: 1	\$131.16
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	UCR			
Riders:	2 Cleanings			
<hr/>				
Vision:	VSP 3	\$6.88	Single: 0	\$6.88
		\$14.80	2-Person: 0	\$14.80
		\$22.26	Family: 1	\$22.26
<hr/>				
Life Insurance:	\$50,000		1	
Rate/\$1000				\$0.16
Volume				\$50,000.00
Composite:		\$8.00		\$8.00
AD&D Coverage:	\$50,000		1	
Rate/\$1000				\$0.03
Volume				\$50,000.00
Composite:		\$1.50		\$1.50
<hr/>				
LTD Benefit	66 2/3% Max \$5,000		1	
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.44
Covered Salary				\$6,318.00
Composite:		\$28.98		\$27.80
<hr/>				
Total Monthly Rate per Member - Single		\$81.09		\$78.42
Total Monthly Rate per Member - 2-Person		\$124.01		\$120.19
Total Monthly Rate per Member - Family		\$193.08		\$190.72

PAK B COBRA RATES:

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PAK C - 177D Administration		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$544.75	Single: 0	\$601.43
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,223.83	2-Person: 0	\$1,351.37
IN Coinsurance:	N/A	\$1,522.60	Family: 1	\$1,681.32
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:		\$38.27	Single: 0	\$38.86
Class I:	100%	\$77.60	2-Person: 0	\$78.57
Class II:	90%	\$141.75	Family: 1	\$147.40
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	UCR			
Riders:	2 Cleanings			
Vision:	VSP 3	\$6.88	Single: 0	\$6.88
		\$14.80	2-Person: 0	\$14.80
		\$22.26	Family: 1	\$22.26
Life Insurance:	\$50,000		1	\$0.16
Rate/\$1000				\$50,000.00
Volume				\$8.00
Composite:		\$8.00		\$8.00
AD&D Coverage:	\$50,000		1	\$0.03
Rate/\$1000				\$50,000.00
Volume				\$1.50
Composite:		\$1.50		\$1.50
LTD Benefit	66 2/3% Max \$5,000		1	\$0.44
Max Monthly Salary:	\$7,500			\$6,318.00
Waiting Period:	90 CDMF			\$27.80
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.44
Covered Salary				\$6,318.00
Composite:		\$28.98		\$27.80
Total Monthly Rate per Member - Single		\$628.38		\$684.47
Total Monthly Rate per Member - 2-Person		\$1,354.71		\$1,482.04
Total Monthly Rate per Member - Family		\$1,725.09		\$1,888.28

PAK C COBRA RATES:

Medical	Single	2-Person	Family
	\$599.93	\$1,349.87	\$1,679.82

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PAK A - 177G Secretaries		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA Choices	\$602.09	Single: 0	\$668.09
IN Deductible:	\$500/\$1000	\$1,352.84	2-Person: 3	\$1,501.33
IN Coinsurance:	N/A	\$1,683.14	Family: 0	\$1,867.93
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		\$41.26	Single: 0	\$36.78
Class I:	100%	\$82.43	2-Person: 3	\$73.56
Class II:	90%	\$143.39	Family: 0	\$133.38
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	UCR			
Riders:	2 Cleanings			
Vision:	VSP 2	\$5.13	Single: 0	\$5.13
		\$11.03	2-Person: 3	\$11.03
		\$16.59	Family: 0	\$16.59
Life Insurance:	\$1,000		3	\$0.16
Rate/\$1000				\$3,000.00
Volume				\$0.16
Composite:		\$0.16		
AD&D Coverage:	\$1,000		3	\$0.03
Rate/\$1000				\$3,000.00
Volume				\$0.03
Composite:		\$0.03		
Total Monthly Rate per Member - Single		\$648.67		\$710.19
Total Monthly Rate per Member - 2-Person		\$1,446.49		\$1,586.11
Total Monthly Rate per Member - Family		\$1,843.31		\$2,018.09

PAK A COBRA RATES:

Medical	Single	\$666.59
	2-Person	\$1,499.83
	Family	\$1,866.43

The COBRA rates for Dental and Vision are the same as the rates above.

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PAK C - 177G Secretaries

		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$544.75	Single: 0	\$601.43
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,223.83	2-Person: 0	\$1,351.37
IN Coinsurance:	N/A	\$1,522.60	Family: 0	\$1,681.32
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:		\$41.26	Single: 0	\$36.78
Class I:	100%	\$82.43	2-Person: 0	\$73.56
Class II:	90%	\$143.39	Family: 0	\$133.38
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	UCR			
Riders:	2 Cleanings			
Vision:	VSP 2	\$5.13	Single: 0	\$5.13
		\$11.03	2-Person: 0	\$11.03
		\$16.59	Family: 0	\$16.59
Life Insurance:	\$1,000		0	\$0.16
Rate/\$1000				\$0.00
Volume				\$0.16
Composite:		\$0.16		
AD&D Coverage:	\$1,000		0	\$0.03
Rate/\$1000				\$0.00
Volume				\$0.00
Composite:		\$0.03		\$0.03
Total Monthly Rate per Member - Single		\$591.33		\$643.53
Total Monthly Rate per Member - 2-Person		\$1,317.48		\$1,436.15
Total Monthly Rate per Member - Family		\$1,682.77		\$1,831.48

PAK C COBRA RATES:

Medical	Single	\$599.93
	2-Person	\$1,349.87
	Family	\$1,679.82

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NON-PAK - 177H Transportation, Food Service		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$555.84	Single: 0	\$613.67
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,248.77	2-Person: 0	\$1,378.91
IN Coinsurance:	N/A	\$1,553.65	Family: 0	\$1,715.59
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Medical:	MESSA Choices	\$614.35	Single: 7	\$681.69
IN Deductible:	\$500/\$1000	\$1,380.42	2-Person: 0	\$1,531.93
IN Coinsurance:	N/A	\$1,717.47	Family: 0	\$1,906.02
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		\$36.91	Single: 4	\$31.80
Class I:	100%	\$71.78	2-Person: 0	\$61.88
Class II:	90%	\$119.33	Family: 0	\$103.40
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	0%			
Lifetime Max:	\$ 0			
Riders:	2 Cleanings			
Vision:	VSP 2	\$5.13	Single: 4	\$5.13
		\$11.03	2-Person: 3	\$11.03
		\$16.59	Family: 0	\$16.59

NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$612.17
	2-Person	\$1,377.41
	Family	\$1,714.09
MESSA Choices	Single	\$680.19
	2-Person	\$1,530.43
	Family	\$1,904.52

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NON-PAK - 177B Maintenance		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$555.84	Single: 0	\$613.67
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,248.77	2-Person: 0	\$1,378.91
IN Coinsurance:	N/A	\$1,553.65	Family: 0	\$1,715.59
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Medical:	MESSA Choices	\$614.35	Single: 1	\$681.69
IN Deductible:	\$500/\$1000	\$1,380.42	2-Person: 1	\$1,531.93
IN Coinsurance:	N/A	\$1,717.47	Family: 0	\$1,906.02
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		\$40.97	Single: 1	\$41.41
Class I:	100%	\$76.38	2-Person: 1	\$77.33
Class II:	90%	\$138.73	Family: 0	\$143.16
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	60%			
Lifetime Max:	UCR			
Riders:	2 Cleanings			
Vision:	VSP 2	\$5.13	Single: 1	\$5.13
		\$11.03	2-Person: 1	\$11.03
		\$16.59	Family: 0	\$16.59

NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$612.17
	2-Person	\$1,377.41
	Family	\$1,714.09
MESSA Choices	Single	\$680.19
	2-Person	\$1,530.43
	Family	\$1,904.52

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. **These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.**



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1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

**2016 Rate Renewal Exclusively for
Brandywine Public Schools
Renewal Effective 07/01/2016**

Quote #: 333187
MESSA Field Rep: Renee Szurna
Date Created: 03/22/2016

NON-PAK - 177J ACA Eligible Employees		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 3	\$463.25	Single: 0	\$511.42
IN Deductible:	\$3500 1P; \$7000 2P&FF	\$1,040.47	2-Person: 0	\$1,148.85
IN Coinsurance:	10%	\$1,294.42	Family: 0	\$1,429.28
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
NON-PAK COBRA RATES:				
	Medical		Single	\$509.92
			2-Person	\$1,147.35
			Family	\$1,427.78

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. **These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.**